

SAMPLE ONLY

Do not fill out this form

ATTORNEY OR PARTY WITH INTEREST IN THE LITIGATION:

Write Your Name Here
Write Your Address Here

TELEPHONE NO.: Write Your Phone Number Here

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): Write "In Pro Per" Here

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO

STREET ADDRESS: 400 McAllister Street

MAILING ADDRESS: Probate Department, Room 103

CITY AND ZIP CODE: San Francisco, CA 94102

BRANCH NAME:

PLAINTIFF/ PETITIONER:

Write Your Case Number Here

DEFENDANT/ RESPONDENT:

Write Your Case Number Here

ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS

- The application was filed on (date): ☐ A previous order was issued on (date):
- The application was filed by (name):
- ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part (complete item 4 below).
 - ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 985(i), **is waived.**
 - ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 985(i), EXCEPT the following:
 - ☐ Filing papers.
 - ☐ Certification and copying.
 - ☐ Issuing process and certification.
 - ☐
 - ☐
 - ☐ Sheriff and marshal fees.
 - ☐ Reporter's fees* (valid for 60 days).
 - ☐ Telephone appearance (Gov. Code, § 68070.1(c))

* Reporter

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Date:

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4. ☐ IT IS ORDERED t

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5. ☐ IT IS ORDERED t

a. The substantia

b. The applicant

Date:

c. The address of the court is (specify):

☐ Same as above

d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date:

☐

JUDICIAL OFFICER

☐

Clerk, by _____, Deputy

(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rules of Court, rule 985(d))

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Do not fill out anything else on this page.

PLAINTIFF/PETITIONER (Name)		CASE NUMBER:
DEFENDANT/RESPONDENT (Name)		

Write Your Case Name Here

Write Your Case Number Here

4b ☐ Application is denied in whole or in part (specify reasons):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at (place): _____, California, on (date): _____

Clerk, by _____, Deputy

<div>Write Your Name Here Write Your Address Here</div>	<div></div>	<div></div>
	<div></div>	<div></div>

(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy